

# CRISIS TO CLARITY

***HOW C.O.M.M.U.N.I.C.A.T.I.O.N.S.  
TRANSFORM ER EFFICIENCY  
AND TEAM RESULTS***

Written by  
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# **Dedication**

To all the healing hands, both present and past.

# **Acknowledgement**

This book would not have been possible without the support and encouragement from so many people. I am so grateful for your unwavering belief in me and for cheering me on to the finish line.

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# Foreword

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Healthcare is at a precarious crossroads. We live in a time when, on many days, the world around us doesn't make sense. As humans, we often struggle to find purpose, direction, or even navigate daily challenges. Little burdens may weigh us down, and the good things in life might not sustain us for long. For years, I have grappled to understand these complexities. Some days feel triumphant, others catastrophic—but what keeps us moving forward? What inspires us to continually strive for greatness? The answers to these complex questions are something most of us spend a lifetime attempting to understand and master.

In healthcare, just like in life, there are countless days that defy logic. Healthcare professionals across all disciplines often struggle to find the strength to continue. Healthcare workers are repeatedly knocked down—physically, mentally, and spiritually. Yet, for some remarkable reason, many of us wake up each day, shake off the troubles of yesterday, and plunge back into the chaos. Like everyone else, we experience triumphs and catastrophes—days ending in heartbreak, and others ending in victory. But what common reasons allow healthcare workers to find the resilience to rise from the ashes of a challenging day? For those of us who work in healthcare—or have loved ones, friends, and colleagues in healthcare—you might wonder how we endure repeatedly getting knocked down, yet continually rise to carry on.

As someone who has lived for healthcare and loves the business of caring, I can tell you it often isn't the system or the circumstances that motivate us to return, day after day, striving to deliver humble, authentic care. Upon deep reflection, I've concluded that healthcare providers primarily show up for their teams.

I recently published an article titled "On the Other Side of the Curtain: Why What We Say When We Think Nobody Can Hear Matters." I wrote this article because I had the fortunate yet unfortunate opportunity to fall critically ill, experiencing healthcare from the other side. During this challenging time, I witnessed firsthand both the powerful impact of compassionate communication and teamwork, and the destructive potential of inappropriate, toxic communication and failed collaboration. Although this experience was trying, it allowed me to deeply appreciate how communication and teamwork profoundly alter a patient's health and healing journey.

Carol's book is a game changer for anyone who has wondered how and why our words, actions, and team functions matter so deeply. We are in the service of the public, and the public is at the heart of our profession. How we conduct ourselves needs continuous improvement, and this book provides clear, practical guidance. Even novice communicators and team leaders will better understand how effective teamwork can genuinely save lives.

Having dedicated years to exploring the intricacies of healthcare leadership, followership, and communication—particularly around setting and achieving goals—Carol's book speaks directly to my heart. I believe it will deeply resonate with every healthcare professional fortunate enough to read it.

Crisis to Clarity explores how effective communication acts as a transformative force and should underpin all team dynamics. Carol authentically, humbly, and artfully highlights how each interaction—whether with team members or patients—is an opportunity to significantly improve efficiency and outcomes for both the healthcare team and those we serve. Moreover, Carol beautifully incorporates humor, personal experiences, and inspirational outcomes, seamlessly providing practical strategies for readers to implement.

As an emergency room nurse—on paper and in my heart—I have spent years pondering what makes healthcare teams tick. How is it possible that, regardless of location or province, the emergency department always feels like home? A unique group of characters thrives amidst uncontrolled chaos, yet they still manage to laugh, smile, and greet the next patient with genuine humanity.

I would like to conclude this foreword with a challenge to those reading this book: Open your mind. Clear your previous thoughts, experiences, and assumptions, and allow yourself to cross the threshold as a blank slate. Throughout my own career, I have made a practice of entering each patient or co-worker interaction as a blank slate, regardless of past encounters or current personal challenges. This approach allows you to fully engage in the present moment and build relationships based on a genuine willingness to start anew. Similarly, I encourage you all to read, absorb, and actively utilize the messages and lessons within Carol's book.

I have been fortunate enough to work with Carol and reconnect with her years later. Carol possesses a rare gift—the ability to articulate clearly and inspire others through communication and action. These invaluable traits are yours to cultivate by engaging deeply with this exceptional book.

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# Introduction

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Today's healthcare system is teetering on a cliff. Staffing levels are remarkably low, turnover rates are high, and patient care suffers as a result. To keep it from falling off the edge, we must first transform the way we support those working at the bedside. Communication stands at the heart of this transformation. It is often underestimated and undervalued, and yet capable of profoundly impacting outcomes. What if we could turn crisis into clarity?

In this book we will explore communication in all its intricacies and its relationship to the dynamic world we call healthcare. Effective communication is the key not only to personal growth, but to departmental flow, quality of leadership, employee retention, and even the organization of a supply room. While the focus is on emergency departments, the strategies and insights presented extend into the broader healthcare system and even day-to-day life, offering the reader insights into how to transform their environment. I'll share my experiences of navigating this world through personal stories, alarming statistics, and my own quirky sense of humour. This book will explore the friction points and provide actionable insights that will make a profound impact—all in the name of communication.

With COMMUNICATIONS being the heartbeat of this book, each chapter unveils a topic linked to a letter in this word, starting with the letter C. The framework of this book is designed to take you through a patient's journey in the emergency department. From preparation and critical care steps to interdepartmental relationships and leadership, this sequence will guide you through transformative communication practices.

Nursing is a challenging career, and the emergency department is its own separate beast—but it's a beast I fell in love with. Every day is like playing rounds of whack-a-mole at the arcade; sometimes we hit them all and other times it's impossible to keep up. Either way, we walk away at the end with a stale cookie in recognition of our efforts, instead of an extended hand offering the support we really need.

It seems that most everywhere I work, people are in survival mode. When we get to this state, we can forget to go back to the basics, and we also forget the value in remaining a cohesive team. We lose sight of the little things. We start to believe we are alone. Our energy is exerted through frustration. We feel depleted, ineffective, and out of touch with our patients and ourselves. We go home feeling like we should have been able to give better care in a system that just doesn't allow for it. We have had an influx of new nursing graduates into the emergency department but a lack of leadership and training and premature advancements within the unit. This creates further uncontrolled chaos for the department and does not foster a positive or safe environment for the new nurse to grow.

Throughout my life I have witnessed the heartbreaking outcomes of miscommunications that went unclarified. I have doubted myself, thinking I was not enough—not realizing that it was a breakdown in communication systems that was the problem. I have been in meetings where people show up but no one is *present*. I have been a part of resuscitation with groups where I have felt alone. Communication is all around us, in many shapes and sizes. The disconnects between humans and systems slowly suck the life out of you. Instead of another cookie, I am here to offer different colours, sizes, and styles of soft rubber mallets for your various whack-a-mole type-shifts. I want those at the bedside to have the right tools for the right job at the right time.

There is not a shift that goes by where I don't learn, question, and reflect. I have not seen it all, and I certainly don't know it all, but in eight years of practice and 16 different hospitals in two different provinces, some things have become abundantly clear and difficult to ignore. Through my diverse experiences, I've seen the profound impact of effective communication in transforming chaotic environments into well-oiled machines. I work with brilliant minds and impactful humans every day who are dedicated to their patients. The aim of this book is to organize the chaos through effective communication methods in order to dim the unnecessary distractions and allow those brilliant minds to work to their greatest potential for the benefit of the patient. My goal is to be a lightening bolt of realization so that, through implementing practical solutions to big problems, we can strengthen resilience, create a more efficient and effective flow, and improve retention. If the healthcare system teeters off that mountain cliff, I do not want my peers to crumble with it.

It is difficult to capture every possible scenario in healthcare in just one book, so I invite you to take the journey with me and reflect on your own experiences and circumstances and how they relate to the ones I present. I have created scenarios throughout the book to help capture different concepts. For those of you who are paying close attention, you may notice medical gaps in my description of events—this is because my aim in describing the event is not medical accuracy but to paint a picture of communications. The perspectives, opinions, and approaches presented in this book are based on my personal experiences as a practicing ER nurse in Canada. The scenarios and patient cases included are inspired by real-world situations and common medical presentations; however, all identifying details have been altered to safeguard patient confidentiality and privacy. This book is intended as a resource to foster effective communication in healthcare settings and to support professional dialogue. It is not meant to serve as a definitive medical guide or to replace clinical judgment.

Together, we can cultivate environments where health professionals thrive. Join me in inspiring change for the next generation of nurses and our allies.

These are my thoughts. This is my vision. Buckle up and enjoy the ride.



# Creating the Map for a Successful Journey in the Trauma Room

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*"Don't just stand there like a human pylon."*

— MY 7<sup>TH</sup> GRADE PHYS ED TEACHER

When I tell people I work in the healthcare field and I am an emergency nurse, the common reaction I get is "wow! I don't know how you guys do that job", or "that must be so hard in such a broken system". It can be very challenging in our current state of healthcare, simply with staffing shortages alone. Life in the emergency department is generally chaotic, but in the past, we have been trained on how to have it be an "organized chaos". With increased patient numbers, staff shortages, and an attempt to get new nurses into the emergency department, I have noticed several system breakdowns.

*"50% of errors made during resuscitation are directly related to teamwork failures."<sup>1</sup>*

The big picture of our system is flawed and difficult for us to control. This has contributed to burnout and nurses leaving the profession within two years of starting to work. Doctors, nurses, healthcare aides, and support staff are all pulling overtime shifts to try to fill the gaps. However, what I see is hope. It may not look like there's light at the end of the tunnel, but if we can step around the corner, I believe we can get back to a place where success is achieved through strong team dynamics and efficient systems in place.

If we can refocus our brilliant minds to organize the chaos again, and mentor our peers in the process, I believe we can get back to a place of feeling accomplished, empowered, and supported again. When you are with a patient who is decompensating and you don't know where to start or what to do because your nerves are taking over, you take a deep breath and go back to the basics—airway, breathing, circulation. Start at the top and work your way down.

Going back to the basics is key and it all starts with communication. My aim is to guide you through each step of this multi-faceted issue so we can begin to foster an efficient and effective team dynamic where we walk away from the end of our day feeling we did our job well and knowing that our patients have had the best possible outcomes because of our standard of care. Just like we have "locked and loaded" the Advanced Care Life

Support (ACLS) algorithms, we also need to “lock and load” the little details, the seemingly insignificant steps, so that they become muscle memory. Practice makes perfect and it starts with where you place your feet.

I have had the privilege of experiencing what effective communication and teamwork does—where that shift that might have led to you crying in the supply room, was instead conquered by you and your peers, and sometimes even with a smile! So, let's not waste more time and jump in with two feet!

An over-crowded trauma room coupled with unclear positioning of members performing specific roles can cause a myriad of consequences. Examples of these are:

- The physical space shrinks around you making it difficult to access supplies or the patient <sup>2</sup>.
- The roles in the room are unclear. With overcrowding, you are not able to decipher who is in a specific role, which results in a breakdown in communication, putting the team at risk for medication errors <sup>2</sup>.
- There is too much noise. Parallel conversations begin, and soon the doctor's voice is lost in space, leading directly into a state of confusion. The combination of these conversations and noise from equipment can be enough to cause interruptions in communication <sup>3</sup>.
- There is confusion. The recorder misses information resulting in an unclear understanding of the patient's condition. The doctor is unsure if his orders are getting completed. Incorrect orders are heard by the nurses. More than one nurse ends up going to draw up the same medications or grab the same supplies because it was unclear if anyone was doing it. This chaos and poor communication cause 60% of medical errors in the trauma room <sup>1</sup>.
- Medications and medical supplies are wasted because someone misheard and roles are unclear. In one study, researchers collected waste products from an emergency department over 24 hours and found over 200 unused items discarded <sup>4</sup>.
- The recorder loses a clear open view of the patient and the team, leading to recording misses and inaccuracies. This not only impacts the immediate situation, but also creates a blurry picture of the interventions and status of the patient for the proceeding healthcare team...and do I need to bring up protecting yourself and your team from lawsuits?
- Up to 80% of errors are because of poor communication. This has been noted to contribute to longer hospital stays and higher mortality <sup>3</sup>.
- Members of the team get frustrated with the environment itself. Too many obstacles to move as fast as they need to—and eventually you hear “can someone get this shit out of here?!”
- Time is lost. With a combination of these factors mentioned above, time to intervention, diagnostics, and treatment for patient slows.
- Increased stress stems from all the wrong reasons—the working environment, not the patient.

Do any of those resonate with you? If you have ever been in a trauma room that had too many people, or people in the wrong physical positioning, you know what I mean and you're probably cringing along with me at the memory of it. For those of you who are thinking "this doesn't happen in my trauma room," take a moment to congratulate your team and yourself for a job well done in this area! For those who have never had the experience, or it's been a while, allow me to paint a picture for you.

## Part One:

Two Emergency Medical Services (EMS) crews arrive on scene for a cardiac arrest in a male's home. They start CPR and get him into their ambulance as fast as they can and start driving to the hospital with lights and sirens blazing, the second crew following behind. The trauma team at the hospital is frantically donning their personal protective equipment. Both of their trauma rooms are full, so when the paramedics come through the doors they are directed to one of the critical care beds.

Two of the paramedics are in the room to move the patient over onto the trauma stretcher. The other two paramedics and a nurse stand in front of the recording nurse and talk quietly about the incident. The recorder asks the paramedic standing by to give a report, to which she is told that his partner will be the one giving it and he's just transferring the patient to the stretcher. The emergency physician is also standing in the room asking for a report.

Let's pause to appreciate a visual of where we are at so far (Figure 1).

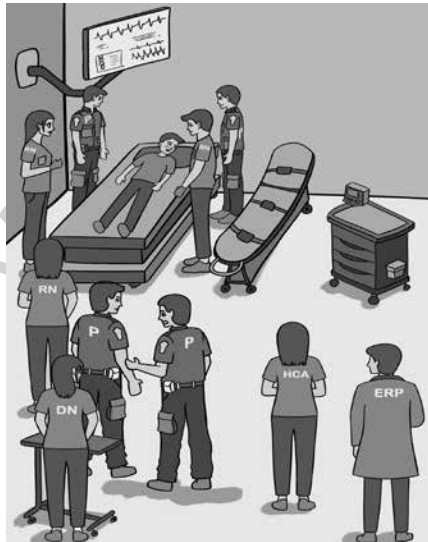


Figure 1 | registered nurse (RN), paramedic (P), health care aide (HCA), emergency room physician (ERP), documenting nurse (DN).  
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